

## 2008/09 Monitoring Setup Form

PEA \_\_\_\_\_ Lead Specialist \_\_\_\_\_

**Level:** 1 [ ]      2 [ ]      3 [ ]      4 [ ]      SPED Population # \_\_\_\_\_

**CORE(s):** General [ **X** ]    Transition [ ]    Preschool [ ]    Secure Care [ ]

**Clusters:**

Grad	Drop	Read	Math	Susp	LRE School- age	POP	Disp	Parent Satisfaction	Parent Response

**Drill Downs:**

Grad	Drop	Read	Math	Susp	LRE School- age	POP	Disp	Parent Satisfaction	Parent Response

Monitoring Start Date: \_\_\_\_\_ Exit Conference Date: \_\_\_\_\_

ESS Team Members	For Level 1 & 2 only	Number of Surveys Needed
	Parent Survey	
	General Ed Teacher	
	Special Ed Teacher	
	Related Service Provider	
	Secure Care Inmate Survey	
	Secure Care Student Survey	
Please Send Surveys To:		
Title: _____		

For **Level 3 & 4** monitoring, provide the following information for person(s) who will be doing the data entry:

**Director**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Secondary Data Entry Person**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Comments: \_\_\_\_\_

**Please complete and e-mail, fax, or mail to MC.**